

# ARKANSAS REAL ESTATE 2004 LICENSE RENEWAL FORM

ARKANSAS REAL ESTATE COMMISSION  
612 South Summit Street  
Little Rock, AR 72201-4740  
Phone (501) 683-8010

<u>FEES:</u>	If Paid on or before	If Paid after
	9/30/03	9/30/03
Broker	\$70.00	\$100.00
Salesperson	\$50.00	\$70.00

Check One: ☐ ACTIVE ☐ INACTIVE

LICENSEE NAME LICENSE OR S.S. NUMBER HOME PHONE NUMBER

LICENSEE HOME ADDRESS P.O. BOX (if any)

CITY STATE ZIP+4

All licensees, both active and inactive, shall at all times keep the commission informed in writing of their personal residence address, physical business address and mailing address. (Reg. 7.6(b))

I hereby certify that I am not taking, and will not take, any listings, management contracts, appraisals, lease agreements, or copies of any such documents, or any other pertinent information belonging to my former broker.

SIGNATURE OF LICENSEE DATE

## COMPLETE THIS SECTION ONLY IF REQUESTING ACTIVE LICENSE

I request my 2004 license be renewed as:

\_\_\_\_ Principal Broker      \_\_\_\_ Associate Broker  
\_\_\_\_ Executive Broker      \_\_\_\_ Salesperson  
(Contact AREC for Form)

Effective Date: 01/01/2004

FIRM NAME PHONE NUMBER

FAX NUMBER E-MAIL ADDRESS (if any)

ADDRESS P.O. BOX (if any)

CITY STATE ZIP+4

As Principal Broker I hereby authorize the issuance of a real estate license with the above named firm.

\_\_\_\_\_  
PRINCIPAL BROKER LICENSE#

\_\_\_\_\_  
PRINCIPAL BROKER SIGNATURE

For Commission use only

**PAID**

**NOTE: CONTINUING EDUCATION REQUIREMENT:** Active licenses can be issued only to persons who have met the Continuing Education Requirement. Please include a valid CE Certificate.

AREC 8/03